

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Michael Roth

Mailing Address 9503 Ashford PI

City

Brentwood

State

TN

Zip Code

37027-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1269302

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert Michael Roth

Mailing Address 9503 Ashford PI

City

Brentwood

State

TN

Zip Code

37027-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: C1276303

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sean Churchill Rowland

Mailing Address 178 Adelphia Rd

City

Farmingdale

State

NJ

Zip Code

07727-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: C1191197

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)